

CLASSIFICATION QUESTIONNAIRE FOR OFFICER RETAINED PERSONNEL

For use of this form, see AR 190-8; the proponent agency is DCSPER.

NAME <i>(Last, first, MI)</i>			GRADE		SERVICE NUMBER			
DATE OF BIRTH		NATIONALITY		POWER SERVED		DATE OF CAPTURE		
LENGTH OF MILITARY SERVICE		RELIGION			INTERMENT SERIAL NUMBER			
GENERAL EDUCATION <i>(Check highest school attended)</i> ____ PRIMARY SCHOOL ____ HIGH SCHOOL ____ UNIVERSITY OR COLLEGE					LANGUAGES	EXCELLENT	GOOD	FAIR

PROFESSIONAL EDUCATION

NAME OF PROFESSIONAL SCHOOL	LOCATION	YEARS ATTENDED	YEAR GRADUATED	DEGREE

INTERNSHIP *(Do not include Residences)*

NAME OF HOSPITAL	LOCATION	SERVICE	YEAR COMPLETED	TIME <i>(Months)</i>

RESIDENCES AND FELLOWSHIPS

HOSPITAL OR INSTITUTION	LOCATION	SERVICE OR SUBJECT	YEAR COMPLETED	TIME <i>(Months)</i>

VERIFIED BY STATE BOARD OF	LOCATION	DATE	SPECIALTY
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CIVILIAN PRACTICE OR EXPERIENCE			
PLACE	DATES		GENERAL PRACTITIONER OR SPECIALIST <i>(Specify)</i>
	FROM	TO	

TEACHING ASSOCIATIONS AND APPOINTMENTS WITH PROFESSIONAL SCHOOLS			
INSTITUTION	TITLE	DATES	
		FROM	TO

PRINCIPAL ASSIGNMENTS IN MILITARY SERVICE			
STATION	LOCATION	PRINCIPAL DUTIES	TIME <i>(Months)</i>

VERIFICATION		
DOCUMENTARY EVIDENCE	DATE VERIFIED	VERIFIED BY:
<input type="checkbox"/> IDENTITY CARD <input type="checkbox"/> NONE		<input type="checkbox"/> EPW PROCESSING COMPANY <input type="checkbox"/> CAMP COMMANDER <input type="checkbox"/> AREA COMMANDER

REMARKS		
DATE	NAME <i>(Typed or Printed)</i>	SIGNATURE